



WARRINGTON SCHOOL

P.O. Box 85, Warrington, Otago
Phone 03 482 2605 ■ Fax 03 482 1576
email office@warrington.school.nz

This form is to be completed by all adult participants.

Name

Category (circle one) Teacher Other school staff

Parent/caregiver

Other volunteer (please specify)

I have the following skills/experience/qualifications [Tick ➤ or Cross x]

Qualification	Current	Not current	Notes (recent experience)
Car driver's license			
Passenger service license			
First aid certificate			Valid until Date lapsed
Teacher registration			
CPR certificate			
Life saving certificate			

Instructor / coaching qualifications relevant to the activity (list below or attach)

Swimming ability (please describe)

Other significant skills or experience relevant to the activity (list below)

I certify that the above information is correct.

Signed

Name

Date